



**Arizona Department of Water Resources**  
Water Management Support Section  
P.O. Box 33589 Phoenix, Arizona 85067-3589  
(602) 771-8500 • (800) 352-8488  
(602) 771-8691 fax • [www.azwater.gov](http://www.azwater.gov)

**Notice of Intent to**  
**Drill, Deepen, Replace or Modify a Well**  
(except a Non-Exempt Well in an Active Management Area)

**\$150 or  
\$100 FEE**

- ❖ Review instructions prior to completing form in black or blue ink.
  - ❖ You must include with your Notice:
    - Check or money order in the amount of the appropriate filing fee.
    - For a well located within an AMA or INA, the fee is \$150.00.
    - For a well not located within an AMA or INA, the fee is \$100.00 if the well will be used solely for domestic purposes (see page 2 and instructions) and will have a pump with a maximum capacity of not more than 35 gallons per minute. Otherwise, the fee is \$150.00.
  - ❖ Authority for fee: A.R.S. § 45-596.
- \*\* PLEASE PRINT CLEARLY \*\***

AMA / INA	B	SB	FILE NUMBER
RECEIVED	DATE	WS	WELL REGISTRATION NUMBER
ISSUED	DATE	WQARF	CERCLA
			<b>55 -</b>

**SECTION 1. COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL (if applicable)**

*If water from the proposed well will be used for domestic purposes on a parcel of land of 5 or fewer acres, the applicable county or local health authority must endorse all items in Section 1 within one year before submission to the Department of Water Resources. You must also attach a site plan (pg. 3).*

CHECK ONE <input type="checkbox"/> County or Local Health Authority Recommends Approval (pursuant to A.R.S. § 45-596 (G) and (F)) <ul style="list-style-type: none"><li><input type="checkbox"/> Field Inspection Performed</li><li><input type="checkbox"/> Site Plan Review Only</li></ul> <input type="checkbox"/> Insufficient Information to Make a Determination	<b>Official County or Local Seal or Stamp</b>	
COUNTY OR LOCAL AUTHORITY NAME AND TITLE		
TELEPHONE NUMBER	DATE	COUNTY OR LOCAL AUTHORITY SIGNATURE

**SECTION 2. REGISTRY INFORMATION**

Well Type	Proposed Action	Location of Well
CHECK ONE <input type="checkbox"/> Exempt (Pump has a maximum capacity of not more than 35 gpm <u>and</u> water is not used for irrigation purposes inside an AMA.) (See instructions.)	CHECK ONE <input type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace <input type="checkbox"/> Modify <i>If Deepening, Replacing or Modifying:</i>	WELL LOCATION ADDRESS (IF ANY)
<input type="checkbox"/> Non-Exempt (Pump has a maximum capacity of more than 35 gpm <u>and</u> the well is located outside an AMA.) (See instructions.)	ORIGINAL WELL REGISTRATION NUMBER <b>55 -</b>	TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE <div style="text-align: center;"><math>\frac{1}{4}</math>      <math>\frac{1}{4}</math>      <math>\frac{1}{4}</math></div>
	MAXIMUM CAPACITY OF ORIGINAL WELL Gallons Per Minute	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK   MAP   PARCEL   # OF ACRES
DESIGN PUMP CAPACITY Gallons Per Minute	DISTANCE & DIRECTION FROM ORIGINAL WELL Feet	PLACE OF WATER USE (ONLY IF DIFFERENT FROM LOCATION OF WELL) TOWNSHIP (N/S)   RANGE (E/W)   SECTION   160 ACRE   40 ACRE   10 ACRE <div style="text-align: center;"><math>\frac{1}{4}</math>      <math>\frac{1}{4}</math>      <math>\frac{1}{4}</math></div>
		COUNTY WHERE WELL IS LOCATED

**SECTION 3. OWNER INFORMATION**

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER	TELEPHONE NUMBER
FAX	FAX

**SECTION 4.**

Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			You must also request a variance (A.A.C. R12-15-818).
2. Is there another well name or identification number associated with this well (e.g., Lot 35 Well, Smith Well, etc.)?			PLEASE STATE
3. Is the proposed well a NEW well to be located within an Active Management Area? (See instructions)			Unless the well is a replacement well and the total number of operable exempt wells on the land is not increasing, you must also file a supplemental form A.R.S. § 45-454(C) & (D).
4. Is the proposed well the second exempt well on this parcel for the same use?			If the proposed well is in an Active Management Area, you must also file a supplemental form 55-40A.

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WELL REGISTRATION NUMBER

55 -

SECTION 5. DRILLING AUTHORIZATION		SECTION 6. WATER / SITE INFORMATION	
<b>Drilling Firm</b>		<b>Principal Use of Water</b>	<b>Other Uses of Water</b>
NAME		CHECK <u>ONE</u>	CHECK <u>ALL THAT APPLY</u>
DWR LICENSE NUMBER	ROC LICENSE CATEGORY	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Irrigation
TELEPHONE NUMBER	FAX	<input type="checkbox"/> Utility	<input type="checkbox"/> Utility
MAILING ADDRESS		<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial
CITY / STATE / ZIP CODE		<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
DATE CONSTRUCTION IS TO BEGIN		<input type="checkbox"/> Municipal	<input type="checkbox"/> Municipal
		<input type="checkbox"/> Industrial	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Mining	<input type="checkbox"/> Mining
		<input type="checkbox"/> Stock	<input type="checkbox"/> Stock
		<input type="checkbox"/> Recharge	<input type="checkbox"/> Recharge
		<input type="checkbox"/> Dewatering	<input type="checkbox"/> Dewatering
		<input type="checkbox"/> Other* (please specify):	<input type="checkbox"/> Other* (please specify):

**NOTE:** If this is an application to construct a new well that will be used for the purpose of withdrawing groundwater for transportation to an Active Management Area (AMA) pursuant to A.R.S. § 45-552, 45-553, 45-554 or 45-555(A), the authorization to drill the well issued in association with this Notice **shall not be considered the approval to transport groundwater to an AMA.** (see instructions)

SECTION 7. PROPOSED WELL CONSTRUCTION DESIGN (attach separate sheet if needed)																
Borehole			Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE ( T )				PERFORATION TYPE ( T )					GROUTING MATERIAL	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE
						X*										Cement

\* ADWR well construction standards require a surface seal consisting of a minimum of 20 feet of steel casing. Cement grout must be used to fill the annular space between the surface casing and the borehole. (A.A.C. R12-15-811(B))

The Department's issuance of an authorization to drill a well is not a determination of whether water withdrawn from the well is legally surface water or groundwater. The legal nature of the water withdrawn from the well may be the subject of court action in the future as part of a determination of surface water rights in your area. If there are court proceedings that could affect your well, you will be notified and be given the opportunity to participate. If you have questions regarding the legal nature of the water to be withdrawn from your proposed well, please consult with an experienced civil engineer, hydrologist or water rights attorney.

For the purposes of determining appropriate fees outside AMAs or INAs, "domestic purposes" is defined as "uses related to the supply, service and activities of households and private residences and includes the application of water to less than 2 acres of land to produce plants or parts of plants for sale or human consumption, or for use as feed for livestock, range livestock or poultry, as such terms are defined in A.R.S. § 3-1201."

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE	
SIGNATURE OF WELL OWNER	DATE
SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)	DATE

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CHECK ONE: ☐ FILING MANUALLY☐ FILING ELECTRONICALLY\*

\*DRILLER'S E-MAIL ADDRESS:

**\*COUNTY OR LOCAL HEALTH AUTHORITY APPROVAL CODE**

COUNTY APPROVAL CODE

*If applicant is filing this NOI electronically via the ADWR website and County approval is required, please indicate approval by providing a County Approval Code.***WELL SITE PLAN**

NAME OF WELL OWNER

COUNTY ASSESSOR'S PARCEL ID NUMBER

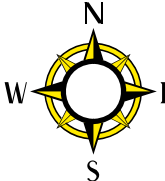
BOOK

MAP

PARCEL

- ❖ If this well will be a domestic well on 5 acres or less, please draw the following: (1) the boundaries of your property; (2) the proposed well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well. If the parcel is vacant land or lacks a septic tank or sewer system, please indicate this.

- ❖ Indicate the distance between the proposed well location and any septic tank system or sewer system.

						 1" = ____ ft

COUNTY OR LOCAL AUTHORITY NAME AND TITLE

COUNTY OR LOCAL AUTHORITY SIGNATURE

TELEPHONE NUMBER

DATE

**Official County or Local Seal or Stamp**